

Proposal Form

Professional Indemnity Insurance - General Profession

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at www.pidm.gov.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION**Non-Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this proposal form is inaccurate or has changed.

PLEASE READ THE FOLLOWING NOTE BEFORE YOU COMPLETE THE PROPOSAL**1. YOUR DUTY OF DISCLOSURE**

PURSUANT TO PARAGRAPH 4(1) OF SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

2. CLAIMS MADE POLICY

Claims made insurance only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

3. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

IMPORTANT

1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by a Partner, Principal or Identified Officer of the Firm.
4. If you have a brochure about your firm's operation(s), please forward a copy with this application.
5. If the firm is a body corporate, "Partners" is deemed to read "Directors".

Please use BLOCK letters and CROSS (X) in appropriate box

PARTICULARS OF PROPOSER														
1.	TITLE OF FIRM / PROPOSER													
2.	ADDRESS OF FIRM - If there is more than one address, please give each address and indicate Partner or Principal who is responsible for work at each address. PROFESSION / NATURE OF BUSINESS Of whom professional body does the firm belong:													
3.	a) WHEN WAS THE FIRM ESTABLISHED? b) BUSINESS REGISTRATION NUMBER/NRIC NO													
4.	PLEASE GIVE THE FOLLOWING DETAILS <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">Name of all Partners, Principal</th> <th style="width: 10%;">Age</th> <th style="width: 30%;">Qualifications</th> <th style="width: 15%;">Date qualified</th> <th style="width: 15%;">How long as Partner, Principal of this firm?</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name of all Partners, Principal	Age	Qualifications	Date qualified	How long as Partner, Principal of this firm?					
Name of all Partners, Principal	Age	Qualifications	Date qualified	How long as Partner, Principal of this firm?										
5.	Do you conduct business from offices other than the above? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, a) Please state full address b) Give details of controlling officer domiciled thereat (see Question 4).													
6.	Total number of Partners and staff a) Partners a) _____ b) Staff other than office juniors and typists b) _____ c) Office juniors and typists c) _____ Details of total gross fees or commissions i) Received or rendered during the last 12 months i) _____ RM ii) Received or rendered 12 months prior ii) _____ RM iii) Estimate for ensuing 12 months iii) _____ RM iv) Does any one client account for more than 50% of your total income? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so please give details)													
7.	Does the Firm's practice extend or has it ever extended to activities abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No If so: a) What proportion is/was this of the Firm's total business and in what countries? b) Method of handling such business													

8.	Does the Firm enter into contracts which impose a greater liability on the Firm than would normally be imposed at Common Law? Note: The standard policy will not provide protection in such instances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	a) Is the Firm currently insured against Professional Negligence? b) If the answer to a) is NO, has this practice ever been insured? c) If the answer to a) or b) is YES, please supply the following data: Amount of Cover _____ Amount of Excess _____ When lapsed or, if current, the expiry date _____ Name of Insurer or Broker _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	a) Has any proposal for similar insurance made on behalf of the Firm, any predecessors in business or present partners, ever been declined or has any such insurance ever been cancelled or renewal refused? b) Have any special terms ever been imposed? If YES, to a) or b) give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	a) Have any claims ever been made against the Firm/Company or any of the present Partners/ Directors or against its predecessors in business or any past Partners/Directors in relation to the professional activities of the Firm/Company? If so, please provide details of each claim. b) Are any of the Partners/Directors, having made specific inquiry of management and staff, aware of any circumstances which may give rise to claims in relation to the professional activities of the Firm/Company or their predecessors in business or any of the present or former partners/ Directors, whether you consider yourselves liable or not? If so, please provide details of each claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Coverage will be excluded for items mentioned in response to a) and b).		
12.	a) Amount of indemnity required. _____ RM b) What excess are you prepared to carry in respect of each and every claim? _____ RM	
13.	If you are a partnership and coverage is required for Incoming Partners for past work, please give details of Partners who have joined the Firm (name and date) and from what previous Firm (name and profession)	
Note: Questions 9, 10 and 11 must be completed for each such person.		
14.	Does the firm require indemnity for any or all of the following extensions for which extra premium may be required ? a) Amendment to the dishonesty exclusion (fraud and dishonesty of staff) b) Automatic reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Fidelity a) Has the Firm any Fidelity Guarantee Insurance in force at present? If so give details. b) Has the Firm sustained any loss through the Fraud and Dishonesty of any Employee? Does the Firm know of any Fraud or Dishonesty at any time of any Present or Former Employee? If so, give details and state precautions taken to prevent a recurrence. c) Is any member of the Staff allowed to handle cash or transferable documents or sign cheques on his/her signature alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

d) How often and by whom are the entries in the cash book checked with the vouchers and reconciled with the books, statements and returned cheques?

e) Does the Firm always require and obtain satisfactory references when engaging employees? ☐ Yes ☐ No

16. **For Financial advisors**

☐ Yes ☐ No

a) Is the Firm licensed as a Securities Dealer?

b) Number of Proper Authority Holders other than principals/salaried staff ? _____

c) Do you have any discretionary Accounts?

☐ Yes ☐ No

If YES, provide details:

d) Allocate percentage of income between:

i) Fees charged to clients _____ %

ii) Commissions received _____ %

17. **For Advisory services**

a) Precise nature of business.

b) Details of advice given.

c) Details of any disclaimers given on advice.

d) Are any verbal reports always confirmed in writing?

e) Precise of previous experience in this field.

f) Please advise details of disciplinary committees and the effect on others of decisions made.

These questions should be answered in statement form and attached to this document.

18. **For Education bodies**

Please advise:

a) Total enrolment: _____

i) Day students _____

ii) Boarding students _____

b) Total teaching staff _____

19. **For Accountants**

i. A) Please indicate the approximate percentage of the total fees the Firm derives from work where the main interest is:

1. Audit accountancy and company tax _____ %

2. Taxation only _____ %

3. Management consultancy _____ %

4. Consultancy only _____ %

5. Secretarial and share registration _____ %

6. Executorship and trusteeship _____ %

7. Insolvencies, liquidations, receiverships _____ %

8. Any other (please give details) _____ %

100%

B) Please indicate the approximate percentage of the total fees the Firm derives from work for:

1. Bank, finance house, hire purchase, credit sales organisation and any other concerns providing finance _____ %

2. Public Company _____ %

3. Others _____ %

100%

ii. The Firm is aware of and adheres to Statements of Auditing Standards issued by the Malaysia Society of Accountants in conducting audit?

If No, please specify

PAYMENT METHOD

Total Premium Paid: RM Please select payment method.

☐ Cash

☐ JomPay For payment via JomPay, please provide proof of payment.



Billor Code: 1388
Ref-1: Cover note No/Policy No/EndtNo
Ref-2: Agent Code/Name & Contact No

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

☐ Visa

Card No.

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Expiry Date

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☐ MasterCard

Cardholder's Name:

Date:

Cardholder's Signature:

SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.

PRIVACY NOTICE

The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjaysompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.

ACKNOWLEDGEMENT

I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the **Product Disclosure Sheet (PDS)** which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.

Date

Proposer's Signature
(If the Proposer is a company, authorised signature(s) and chop)

FOR AGENT / OFFICE USE

Cover Note / Policy No.:

Intermediary:

Account No.:

Remarks: